CHAPTER IV

RESULT ANALYSIS

This project was developed to build capacity of public health officers in providing client centered health counseling services in accordance with the Ministry of Public Health standard. The project explored knowledge of client centered counseling theories, attitudes as a counseling provider and skills of 22 PCU staff working at 11 health centers which are purposively selected as they would be upgraded to become the PCU. A questionnaire which was the research tool of this study was developed by the researcher and reviewed by counseling experts for content validity and appropriateness. The questionnaire was distributed to PCU staff working in health centers and the duration of this project was 7 months. The researcher has divided the data analysis into 5 sections as follows;

1. General information
2. Comparison of the staff's knowledge before and after an intensive training program (pre and post tests)
3. Comparison of the staff's attitudes before an on-the-job training program and 2 months after the training program
4. Comparison of counseling skills after the first and second periods of the on-the-job training program (2 and 7 months)
5. Opinions of PCU staff towards this project

4.1 General Information

Table 6: General Information of PCU Staff Participating in This Project

Variables	Number	Percentages
Gender		
Female	22	100
-		
Age		
Less than 32 years	8	36.4
33 – 39 years	9	40.6
40 – 46 years	4	18.2
More than 47 years	1	4.5
Highest level of education		
Certificate	3	13.64
Bachelor's degree	18	81.82
Higher than Bachelor's degree	1	4.54
Workplace before participating in this project		
Worked at PCU	8	36.4
Worked at Chonburi Hospital	14	63.6
Employment duration in the public sector		
Less than 10 years	8	36.4
10-15 years	5	22.7
16-20 years	8	36.4
More than 20 years	1	4.5

According to table 6, all of these 22 PCU staff members in this project were female and most of them (17 persons) were aged below 40, equaling 77.3%. Eighteen persons graduated with a Bachelor's degree (81.82%). Fourteen persons had previously worked at Chonburi hospital and then volunteered to move to work at PCU (63.6%) and 8 persons had been working at the PCU (36.4%). Regarding the

employment duration in the public sector, 36.4% of them had worked in the public sector for less than 10 years; 22.7% for 10-15 years and 36.4% for 16-20 years.

4.2 Comparison of the staff's knowledge before and after an intensive training program (pre and post tests)

Table 7: Comparison of the Staff's Knowledge Before and After Intensive Training Program

				95% Confidence Interval	
	Mean (SD	t	P-value	Lower	Upper
T-Pre	14.00 (1.48)	-2.309	.031	-1.8143	-.0948
T-Post	14.95 (1.40)				

Table 7 presents a comparison of the staff's knowledge before and after the intensive training program. Scores of pre and post tests were calculated to determine mean (x) and standard deviation (SD). Results show a statistical significance (P value = .031) at the confidence level of 95% and the difference of the pre and post tests falls in the range of -1.8143 to -.0948. The mean of the staff knowledge score after attending the program was .9545 higher than the pre-training score. Four levels of the scores were divided; namely, need improvement, fair, good and very good as shown in table 8.

Table 8: Comparison of Score Levels of Knowledge Before and After Intensive Training Program

Variables	Pre test (%)	Mean (SD)	Post test (%)	Mean (SD)
Need improvement	4 (18.2)	14.00 (1.48)	2 (9.1)	14.95 (1.40)
Fair	3 (13.6)		3 (13.6)	
Good	12 (54.5)		13 (59.1)	
Very good	3 (13.6)		4 (18.2)	
Total	22		22	

Results from table 8 reveal that prior to the intensive training program, scores of 15 PCU staff members were at "good" and "very good" levels, equaling 68.1% and there were 7 persons at "fair" and "need improvement" levels (31.8%). After the intensive training program, the number of PCU staff who had the score at the level of good and very good increased to 17 persons (77.3%), reducing the number of those at the fair and need improvement levels to 5 (22.7%).

4.3 Comparison of the staff's attitudes before the on-the-job training program and after the first period of the training program

There were 22 PCU staff members attending the first workshop to assess their attitudes (before the on-the-job training) but the number of the staff decreased at times for the second and third workshops which were organized at the fourth and seventh months after the on-the-job training. The number of the staff attending the second workshop dropped to 19 and to 11 in the third one. So, only 11 persons attended all of the three workshops. So, the researcher decided to make a comparison of PCU staff's

attitudes before and after the on-the-job training program at the fourth month as shown in table 9.

Table 9: Comparison of PCU Staff's Attitudes Before and After On-The-Job Training Program (2 months)

				95% Confidence Interva	
	Mean (SD	t	P-value	Lower	Upper
Pre Attitude	58.32 (5.42)	-7.192	.000	-10.06	-5.51
Post Attitude	66.11 (4.59)				

Table 9 illustrates a comparison of PCU staff's attitudes towards their role as the client-centered counseling provider before and after undertaking the on-the-job training program. Scores of close-ended and open-ended questions in the questionnaire were combined and calculated to determine mean (x) and standard deviation (SD). Results show a statistical significantly difference between their attitudes before and after taking the on-the-job training program (P-value < .001) at 95% of the confidence interval. The difference of the pre and post on-the-job training program falls in the range of -10.06 to -5.51. Regarding their attitudes towards the client-centered counseling provider role, the mean of the post on-the-job training program was higher at 7.79 than the pre-training program. Levels of the score were divided into 5 categories; very poor, poor, fair, good and very good as shown in table 10.

Table 10: Comparison of Score Levels of Attitudes Before and After On-the-Job Training Program

Variables	Pre test (%)	Mean (SD)	Post test (%)	Mean (SD)
Very poor	0 (0.00)	58.32 (5.42)	0 (0.00)	66.11 (4.59)
Poor			0 (0.00)	
Fair	17 (77.3)		4 (21.1)	
Good	5 (22.7)		15 (78.9)	
Very good	0 (0.00)		0 (0.00)	
Total	22		19	

Table10 presents that prior to the on-the-job training, 17 PCU staff members had the "fair" level of attitudes toward their role as a client centered counseling provider (77.3%) and the attitude score of the other 5 persons was at the "good" level (22.7%). Their attitudes improved considerably after taking the on-the-job training program for 2 months; the attitude test score of 15 staff members was at the "good" level (78.9%), leaving only 4 persons at the "fair" level. It should be noted that no staff member was at very poor, poor and very good attitude in both pre and post on-the-job training program.

4.4 Comparison of skills after the first and second periods of the on-the-job training (2 and 7 months)

As the number of PCU staff members whose counseling skills were evaluated after the first and second periods of the on-the-job training program (2 and 7 months) was rather low and continuously decreasing; 8 persons for the first workshop and it dropped to 3 in the second one, the researcher was unable to compare their counseling skills in these two periods of the on-the-job training program.

4.5 Opinions of PCU staff towards this project

Due to the decreasing number of PCU staff in attending workshops and in having their attitudes and counseling skills assessed during the on-the-job training, the researcher conducted a preliminary survey and found that many PCU staff changed their workplace. Only 6 out of the total 22 PCU staff who participated in this project remained working in the same PCU. Several reasons were given for the change of the workplace;

1. Fourteen persons decided to move back to work at Chonburi hospital which was their previous workplace.
2. One person was selected to work in Public Health Office of Muang District, Chonburi.
3. One person made a request to work in other PCUs outside Muang district to be with her family.

The researcher and resource persons then discussed and decided to discontinue the implementation of this project and would organize a focus group discussion to learn about opinions of PCU staff towards this project in order to evaluate the project as well as to seek opportunities to improve it in the future. The followings are results of the focus group discussion with 11 PCU staff members.

4.5.1 Benefits from this project

All PCU staff members agreed that they learned and acquired knowledge about client centered health counseling services and they could practice counseling skills; such as, listening skills, use of open-ended questions, counseling techniques (such as, reflection of feeling, restatement, silence and conclusion) and

they learned about differences between counseling and providing health education. They also strongly believed that they could apply the acquired knowledge and provide good counseling services for clients. In addition, they felt more confident in their capacity in giving counseling.

> Co.08 "I got my confidence boosted. I learned several counseling techniques; such as, how to initiate a discussion. So, now I'm more than ready to give counseling"
>
> Co.20 "I learned and polished counseling skills; not giving health education"
>
> Co.22 "I feel more confident in my capacity"
>
> Co.12 "It is very useful. Even though we do not give counseling, we can apply some skills in our daily lives; such as, silence technique"

4.5.2 Opinions towards training curriculum

Almost all of the PCU staff thought that methods and training curriculum used in this project were appropriate. They learned about client centered counseling theories before undertaking the on-the-job training. Additionally, monitoring was planned and conducted through workshops in the fourth and seventh months of the on-the-job training. They thought the workshops were very useful for both counseling providers and clients because they as the counseling provider had an opportunity to learn from counseling experts and check whether they gave appropriate counseling services to clients or not. The experts encouraged them to brainstorm and discuss if counseling sessions recorded in tapes cassettes were appropriate and relevant with situations of clients and what should be more appropriate counseling process. They also had opportunities to learn to apply skills for each situation from listening to tapes of the other PCU staff. In the workshops, the experts encouraged

and asked them questions to stimulate their learning through group participatory process, so they would feel more confident in providing counseling in the future.

> Co.18 "The curriculum is very good. If we can apply what we have learned, it will be very good for clients and for us in the future"
>
> Co.08 "The organization and methods used in the training are very good"
>
> Co.14 "The monitoring period is quite good. It's good to divide the period for monitoring at every 3 and 6 months"
>
> Co.04"We were continuously trained by the same resource persons"
>
> Co.20 "I feel more confident in myself"
>
> Co.22 "Even though I do not have my tape, I can learn from other people's tapes"

However, some PCU staff suggested that the intensive training program should include a practice session with actual clients because they would like resource persons to advise them when they practiced giving client centered counseling for the first time. The resource persons could suggest them whether they provided counseling appropriately to the client's situation before they went back to PCU and conducted on-the-job training. The practice session would help them to give counseling with confidence and it would indirectly benefit clients. Some PCU staff thought that they should have been supported to practice giving client centered counseling at PCU and they should not have to do any other work. Others said that they should have practiced the counseling at Chonburi hospital rather than at PCU as it would be easier to have more cases for counseling and there are a lot of outpatients seeking care and treatments at Chonburi hospital.

Co.14 "When I practiced giving counseling, I did not have anyone who could advise me if I did it correctly or not"

Co.06 "I did not submit any case (to the resource persons)"

Co.22 "We should have practiced with actual cases and the time duration (of the on-the-job training) should have been longer for at least 1 week exclusively for giving counseling. We should not have to be in charge of other work because if we have to do other things and work on our cases, it will eventually fail"

Co.08 "The on-the-job training program should have been occurred at the hospital, so we could have got cases (as assigned by the resource persons to submit)"

Co.20 "We should have got some cases in the hospital first, so we would have some experience (in giving client centered counseling) before we start the counseling service at PCU"

Co.14 "The program coordinator should have prepared cases for us as we already have a counseling clinic "

Co.02 "We should have been allowed to have some days for giving counseling and not to do other work" But some persons did not agree with this idea. "We could have been blamed if we requested for such privilege and it turned out there was no client"

Co.10 "I would like to get a VDO tape of the counseling sessions run by resource persons, so we could study it as an example and learn about things that we should follow"

4.5.3 Opinions towards counseling services at PCU

PCU staff thought that providing counseling at PCU was necessary because it was one of the standard services for PCU and they suggested that the following factors could affect the capacity building of PCU staff in providing counseling at PCU.

- **Staff at the executive level**

Hospital Director and heads of PCU should provide clear policies and inform and instruct all PCUs to organize some space as a clinic or appropriate setting for counseling. Also, they should have a clear detailed job description for all staff and set up effective management systems.

> Co.02 "Our supervisors should have been informed, so they could instruct other staff to help when we have cases for counseling"
>
> Co.20 "Our roles and responsibilities should be clearly identified and PCU should have provided space for a clinic for counseling"
>
> Co.06 "We should propose to PCU heads some days for giving counseling"
>
> Co.18 "We should send a memo to inform PCU heads about the importance of providing counseling services at PCU"

- **PCU staff participating in this project**

Most of the PCU staff members participating in this project were working in various sub-units of Chonburi Hospital; such as, nursing, outreach health services and health education and they did not have any experience working at PCU

which is different concerning nature of work from working at the hospital. So, they needed time to adapt themselves and as they had to start giving counseling at the PCU while they were not yet familiar with clients residing in PCU areas. it was not easy to gain trust from the clients. In addition, they were more used to giving health education, so they sometimes forgot that they played a role of counseling provider and gave health information instead of counseling to the clients.

Co.08 "I needed to adapt myself to a new work environment"
Co.10 "When I worked at PCU, I had to adapt myself as work systems at PCU were not functioning well enough"
Co.12 "Clients were not familiar with us, so they refused to have the counseling with me in the first couple weeks"
Co.16 "Clients thought we would ask about their secrets"
Co.20 "Because of time limitation, we often gave health education instead of counseling"
"I thought I didn't do it well. I tried to give counseling but it turned out that I provided health information to clients"

- **Colleagues at PCU**

Even though it is known that counseling is a mandatory service for all health centers which will be upgraded to become PCU but roles and responsibilities of staff in each PCU as indicated in their job descriptions had yet to be changed accordingly to support counseling services at PCU. Staff members at PCU were not assigned to take over work of others, especially in case of PCU staff who undertook

the on-the-job counseling training program and they still had to do their regular work and also gave counseling to clients without support from others. This resulted in delay in providing services to other clients and those who took the on-the-job training program felt they had a high workload and did not have time to give counseling services.

Co.22 "I got a high workload and did not have time. Other PCU staff members were not supportive and helpful"

Co.12 "Division of responsibilities among nurses and staff at PCU was not clear"

Co.08 "I would love to have more time to talk with clients but we did not have time. There were a lot of people waiting to be served"

Co.06 "I could not spend more time on counseling because lots of people were waiting outside"

Co.12 "I did not have enough time to talk with clients"

Co.04 "When I gave counseling, could I have someone to give an injection and bandage cuts and wounds?"

Co.20 "There should be more collaboration for services; such as, health educators should work together; not just passing all the work to nurses"

- **Clients**

Clients did not trust the PCU staff because most of the PCU staff members participating in this project were personnel of Chonburi hospital who volunteered to work at PCU. So, they were not local people in the PCU areas and were not familiar with clients and as a result, the clients were usually not cooperative

and did not come to the PCU to have counseling. Some PCU staff followed up their cases and visited them at home but they still refused as they felt uncomfortable to have the counseling at home.

Co.08 "I booked appointments with clients but they did not show up"

Co.06 "I sometimes had appointments with clients in the morning and waited for a long time, but they did not come."

Co.22 "Some clients did not give us any opportunity. They said they had to rush. Their kids were waiting for them"

Co.12 "If they were not familiar with us, they would not talk. Although we went to their houses, they would not even say a word"

Co.18 "When I visited her at her house, I met her with her husband. She said it was inconvenient to talk at that time"

- **Setting for counseling services**

Counseling requires proper space and privacy. However, all of these 11 health centers which would be upgraded to be the PCUs did not have space for a private counseling room. These health centers were considered by directors at the district level having potential to be upgraded to become PCU because they had sufficient number of health personnel to serve populations in their areas but they had to improve skills of their staff members to be able to organize services as indicated in the minimum service standard within the current existing infrastructure of the health centers. As the current space in the health centers was limited, the PCU staff had to re-arrange the existing space for the counseling setting but clients might feel it was

not private enough to discuss about their problems.

Co.06 "PCU did not have proper private areas for counseling like hospitals"
Co.12 "There are counseling rooms at hospitals but PCU did not have space for the counseling rooms"